

Doctor's Lien

To: _____

(Attorney's Name and Address)

Doctor: _____

(Doctor's Name and Address)

Re: Authorization for Release of Records and Doctor's Lien, Assignment, and Direction to my Attorney

I hereby authorize **Optima** to furnish you, my attorney, with a full report and records regarding case history, examination, diagnosis, treatment, and prognosis with regard to treatment related to my accident, which occurred on _____.
(date)

I hereby give a lien and assignment to **Optima** on the proceeds or any settlement, claim, judgment, or verdict which results from said accident and hereby authorize, direct, and instruct you, my attorney, to pay directly to **Optima** such sums as may be due and owing for service rendered me, and to withhold such sums from such settlement, claim, judgment, or verdict as may be necessary to protect **Optima** adequately and such sums as may be necessary to fully and completely pay **Optima** any outstanding balance owed at the time of distribution of funds from an settlement, claim, judgment, or verdict.

I fully understand that I am directly and fully responsible to **Optima** for all bills submitted by **Optima** for services rendered to me, and that this agreement is made solely of **Optima** additional protection and in consideration of said doctors awaiting payment. I further understand that such payment is not contingent on any settlement, claim, judgment, or verdict.

To My Attorney: I direct that you be bound by this lien and treat it, irrevocably, as an assignment to **Optima** of any sums that may be due to me, to the extent and according to the terms set forth above. Be advised that **Optima** is relying upon this lien, assignment, and directive to you, and as a result of such reliance, at my request, is providing health care and treatment for which this lien, assignment, and directive to you provides security for payment. Moreover, it is my intention that **Optima** be viewed as a third party beneficiary of this direction to you, and I intend thereby to impose upon you an obligation to **Optima** to comply with the terms of this direction to you.

Patient's Signature

Date